	TE BOARD OF HEALTH State File No. 195
1 DIACE OF DIDTH	OF VITAL STATISTICS CERTIFICATE OF BIRTH Registered No. 222
County Tila	State aryona
District or Township	or Village
City Mo Mo (II his	th occurred in a hospital or institution, give its NAME instead of street and number
2. Full name of child Fullerwo J.	Soltero (If child is not yet named, mak supplemental report, as directed
3. Sex of Child To be answered ONLY 4. Twin, triplet or in event of plural	other 6. Legitimate? 7. Date of birth 200, 25, 192
Male births. 5. No., in order of	birth Month Day / Year
8. FATHER	14. V MOTHER
Full name Roberto Soltero	Full maiden name Carolina Soltero
9. Residence (Usual place of abode Hobe, aryona	15 Residence (Usual place of abode) Llobe, automa
If non-resident, give place and state.	If non-resident, give place and state.
10. Color or race	18 Color or race
Wefreau 11. Age at last birthday 30 (Y	Years) Mexican 17. Age at last birthday 2 7 (Years
19. Birthplace (city or place) July	18. Birthplace (city or place) here
(State or country)	(State or country)
13. Occupation Miner	19. Occupation Housering
Nature of industry	Nature of industry
20. Number of children of this mother (a) Born a	alive and now living Five 21. Were precautions taken against op thaimila neonatorum?
(Taken as of time of birth of child herein certified and including this child.) (b) Born a (c) Stillbor	40
CERTIFICATE OF ATTE	NDING PHYSICIAN OR MIDWIFE*
I hereby certify that I attended the birth of this child, who was	(Born alive or stillborn.)
* When there was no attending physician or midwife, then the father, householder,	- J. G. Harper
etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.	physician
Given name added from	(Physician or midwife).
a supplemental report Month, day, year Addr	
Registrar Filed	12/10, 1928 G.E. Clythana 4
70/6-1/	

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